Volume II: Encounter Procedures, Data Validation, Corporate Compliance and Other Procedures

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Chapter 1. Introduction

1.1 Overview of Manual

This document is a reference guide describing the specific procedural requirements between the Regional Behavioral Health Authorities (RBHAs), the Arizona Department of Health Services, Division of Behavioral Health (ADHS/DBHS), Office of Program Support, the Arizona Department of Health Services, and the Arizona Health Care Cost Containment System (AHCCCS).

Manual Format and Contents

The Procedures Manual has been separated into two stand-alone documents. This was done in order to ensure the appropriate personnel had access to the information related specifically to their area of interest. The manual is structured as follows:

- □ Volume I: Enrollment and Provider Registration
- Volume II: Encounter Procedures, Data Validation, Fraud & Abuse and Other Procedures

Intended Users

The Procedures Manual is distributed to the RBHAs and ADHS/DBHS Office of Program Support staff. This manual is intended to be used as the first point of reference when procedural questions arise.

1.2 ADHS/DBHS Office of Program Support Organizational Structure

ADHS/DBHS is organized into six bureaus, each focusing on a difference aspect of the behavioral health system. The Office of Program Support (OPS) is within the Bureau of Financial Operations and provides oversight, coordination and monitoring to the RBHAs. The Office of Program Support manager oversees the OPS functions and personnel. The chart on the next page diagrams the organizational structure.

Revision Date: July 1, 2004

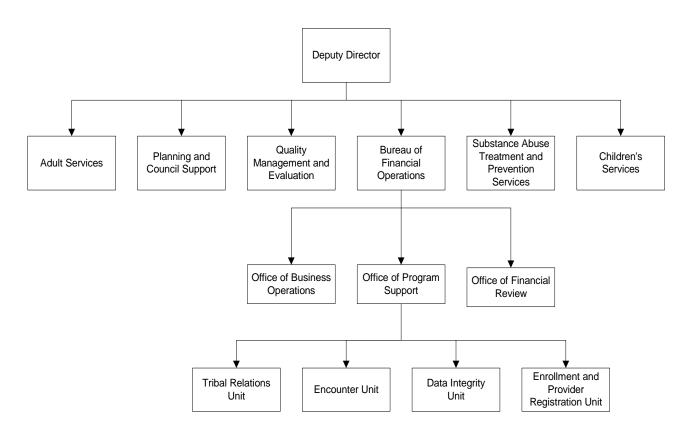


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Chapter 1. Introduction

Arizona Department of Health Services/Division of Behavioral Healt Bureau of Financial Operations Office of Program Support



1.3 Contact Procedures

Individuals with questions should contact ADHS/DBHS Office of Program Support at (602) 364-4704. Assistance is provided from 8:00 A.M. to 5:00 P.M. Monday through Friday.

1.4 Revisions to ADHS/DBHS Office of Program Support Procedure Manual

The T/RBHAs will be notified at the monthly T/RBHA/Information Technology meeting when an update has been made to the manual.



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Chapter 1. Introduction

The revision process for this manual is in development. At this time, any suggestions for changes should be sent in writing to the Office of Program Support Manager at:

ADHS/DBHS - Office of Program Support 150 N. 18th Avenue, 2nd Floor Phoenix. AZ 85007

1.5 Related Information Resources

The RBHA should use the following resources in addition to this manual to determine the proper way to process the encounter and enrollment information. These sources include:

- Client Information System (CIS) File Layout and Specifications Manual (T/RBHAs will find the most current version on the RBHA shared FTP server, ADHS/DBHS staff will find the information in Common/Data Book)
- ADHS/DBHS Covered Behavioral Health Services Guide (use the on-line version from http://www.hs.state.az.us/bhs/covserv.htm for the most current version of the guide)
- ADHS/DBHS Encounter Tidbits Newsletter (published monthly and can be downloaded at http://www.hs.state.az.us/bhs/tidbits.htm)
- □ The ADHS/DBHS Contract with each RBHA
- AHCCCS Encounter Resources, including (refer to the AHCCCS web site at http://www.ahcccs.state.az.us for a copy of these documents)
 - Encounter Reporting User Manual
 - Medical Policy Manual
 - Fee for Service Provider Manual
 - Encounter Keys and Claims Clues Newsletters
 - Technical Interface Guidelines (TIG)
 - AHCCCS Behavioral Health Services Technical Interface Guidelines
- Coding Documentation
 - UB-92 Manual
 - ICD-9-CM Diagnosis & Procedure Code Manual
 - Physicians' Current Procedural Terminology (CPT) Manual
 - HCFA Common Procedures Coding System (HCPCS) Manual
 - First Data Bank Blue Book (requires a subscription)



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Chapter 2. Encounter Processing Procedures

Section 2.1 General Information

2.1.1 Introduction

This chapter of the ADHS/DBHS Procedures Manual Volume II explains how to submit encounter data and how to correct encounters that fail either the ADHS/DBHS or AHCCCS edits. For specific coding and encounter data information, please refer to the Covered Services Guide, Appendix B.2. This chapter contains sections addressing encounter submission, coding definitions, pended encounter correction requirements, and other encounter-related subjects. Specifically, topics addressed in the following sections include:

Section	Topic	
2.1	General Information	
2.2	Overview	
2.3	Nightly Encounter Process	
2.4	Monthly New Day Process	
2.5	Correction of AHCCCS Pended Encounters	
2.6	Encounter Reference Files	

Additional reference information related to these topics is available in the appendices listed below:

Appendix	Information	
Α	Monthly New Day Process Reports	
В	ADHS/DBHS Monthly OPS Reports	
С	Pended Encounter Correction File Layouts	
D	AHCCCS Edits	
E	Encounter Codes	
F	Other Procedures Forms	
G	Data Validation Challenge Form	

The following File Layouts and Report processes can now be found in the Client Information System (CIS) File Layout and Specifications Manual:

Nightly Process Encounter File Layouts Nightly Process Reports ADHS/DBHS Pre Processor Edits Monthly New Day Process File Layouts Pended Encounter Correction Reports Encounter Reference Files

This manual is subject to change in response to new state or federal policies. RBHAs and other manual holders will be informed of all changes as necessary.



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Chapter 2. Encounter Processing Procedures

Section 2.1 General Information

2.1.2 Reporting Requirements

RBHAs are required to electronically transmit encounter data to the ADHS/DBHS File Transfer Protocol (FTP) server.

2.1.3 Processing Schedule

ADHS/DBHS Processing

The RBHAs may submit one encounter file per form type to the ADHS/DBHS FTP server daily. Files submitted by the ADHS/DBHS deadline will be processed that day. Any files submitted after the deadline will be processed the following day.

All daily files must be on the RBHA's directory on the ADHS/DBHS FTP server by 6:00 P.M. to be processed in the Nightly Encounter Process.

AHCCCS Processing

ADHS/DBHS may submit one encounter file per form type to the AHCCCS FTP server monthly. Files submitted by the AHCCCS pre-syntax processing deadline, prior to 6:00 P.M., will be processed that day. Any files submitted after the 6:00 P.M. deadline will be processed the following day.

The encounters that pass the pre-syntax process will be processed in the normal AHCCCS encounter processing cycle. This cycle runs once a month refer to AHCCCS website for encounter processing schedule.

http://www.ahcccs.state.az.us/Publication/Newsletters/

2.1.4 Error Correction

RBHAs are required to correct and resubmit encounter records that fail the ADHS/DBHS pre-processor edits. RBHAs are also required to resolve encounters pended by AHCCCS. All corrections must be made by the published 6:00 P.M. encounter-processing deadline.

ADHS/DBHS is required to correct any files that are rejected by the AHCCCS pre-syntax edit process.



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Section 2.1 General Information

2.1.5 Technical Assistance

ADHS/DBHS offers a variety of technical assistance to the RBHA including:

- Technical Assistant. ADHS/DBHS representatives act as the direct contacts with the RBHAs. Each representative, referred to as a Technical Assistant, is available during normal business hours. The Technical Assistant will:
 - Monitor the RBHA's encounter submissions
 - Communicate information about system changes
 - Track and assist RBHA with encounter issues and problems.
- Onsite/offsite technical training. ADHS/DBHS offers training on how to correctly submit encounters to ADHS/DBHS and how to correct pended encounters. Contact the RBHA's Technical Assistant to request training.
- Encounter Tidbits. ADHS/DBHS distributes a monthly newsletter to all RBHAs. The newsletter identifies issues and concerns regarding encounters, submissions and corrections.
- Edit Alerts. An Edit Alert is a faxed and emailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.



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Chapter 2. Encounter Processing Procedures

Section 2.2 Overview

2.2.1 Introduction

The general steps used to process encounters from the RBHA at ADHS/DBHS are outlined below. The process description is divided into three pieces that coincide with the activities required to completely process an encounter:

- Nightly Encounter Process
- Monthly New Day Process
- Correction of AHCCCS Pended Encounters

The remainder of this chapter of the manual discusses these processes in more detail.

2.2.2 Nightly Encounter Process

This section provides an overview of how ADHS/DBHS processes the encounters submitted by the RBHAs. This process is termed the "Nightly Encounter Process." The table below presents an outline of the basic responsibilities for each entity.

Entity	Responsibility
RBHA	□ Submit encounters to ADHS/DBHS
	 Correct pre-processor errors returned from ADHS/DBHS.
	 Retrieve and review New/Change status file from ADHS/DBHS.
	 Monitor Daily Encounters Report
ADHS/DBHS Office of Program	 Monitor Daily Encounters Report
Support (OPS)	 Assist RBHAs in correcting encounters rejected by pre-processor edits.
ADHS ITS	 Process encounters submitted by RBHAs
	 Return rejected encounters to RBHA for correction
	 Create Daily Encounters Report and new/changed status file for RBHAs
AHCCCS	□ None

A flow diagram of the nightly encounter process is shown in Figure 1.



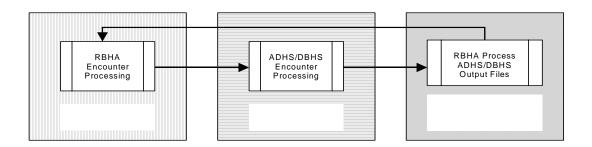
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Section 2.2 Overview

Figure 1



RBHA Encounter Processing

RBHAs can submit encounters to ADHS/DBHS daily. Only one file per day per form type can be submitted. RBHAs may choose to submit different form types at different frequencies, e.g. non-drug encounters may be submitted daily and drug encounters submitted biweekly. All daily files must be submitted by the ADHS/DBHS specified 6:00 P.M. deadline. Please refer to the Client Information System (CIS) File Layout and Specifications Manual for Technical Assistance.

ADHS/DBHS Encounter Processing

ADHS/DBHS runs the encounters received from the RBHAs through a series of pre-processor edits. Encounters that fail the pre-processor edits are sent back to the RBHA that same night in a rejected records file. Rejected encounters are not accepted into the ADHS/DBHS databases.

Encounters that pass the pre-processor edits are added to the CIS database. ADHS/DBHS produces the new/changed status file and the Daily Encounter Report as the final step in the processing cycle. This information is forwarded to the FTP server for the RBHAs to retrieve and review.

RBHA Processes ADHS/DBHS Output Files

The RBHA should retrieve and review the data placed on the FTP server by ADHS/DBHS. The records in the rejected records file will require follow-up action by the RBHA to ensure they can be processed at a future date.

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Chapter 2. Encounter Processing Procedures

Section 2.2 Overview

2.2.3 Monthly New Day Encounter Process

This section provides an overview of encounter processing between ADHS/DBHS and AHCCCS. This process is termed the "Monthly New Day Encounter Process". The table below presents an outline of the basic responsibilities for each entity.

Entity	Responsibility
RBHA	□ None
ADHS ITS	 Extract online pended encounter corrections from CIS database Combine deletes, overrides & online corrections to create the all pend corrections file Forward new day encounters to AHCCCS Correct encounter files rejected by AHCCCS pre-syntax processing Process adjudicated encounter output Process encounters pended by AHCCCS
AHCCCS	 Process submitted encounters Create pre-syntax processing output Create adjudicated encounter output Create pended encounter output
ADHS/DBHS Office of Program Support (OPS)	 Review adjudicated encounter reports Create/review monthly reports from pended and adjudicated encounters

A high-level flow diagram of the monthly new day encounter process is shown in Figure 2.

Revision Date: July 1, 2004



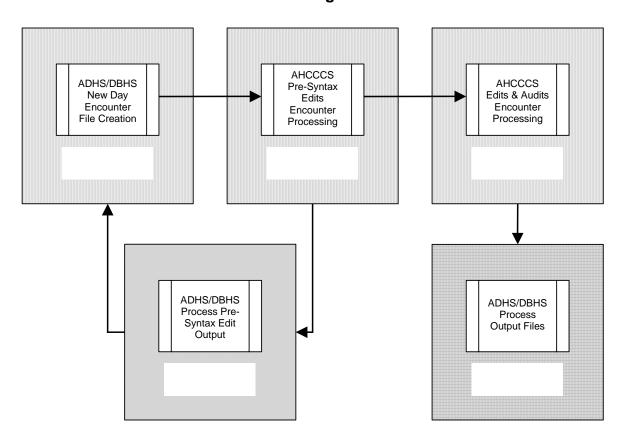
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Section 2.2 Overview

Figure 2



ADHS/DBHS New Day Encounter File Creation

See the Client Information System (CIS) File Layout and Specifications Manual for the New Day Encounter File process

AHCCCS Pre-Syntax Edits Encounter Processing

AHCCCS processes the files through their pre-syntax edits. Files that do not pass the pre-syntax edit criteria are rejected. ADHS/DBHS must correct and resubmit rejected files. Accepted files will be processed as part of AHCCCS' regular monthly encounter cycle.

ADHS/DBHS Processes Pre-Syntax Edit Output

ADHS/DBHS will review the pre-syntax output to determine whether any submitted files were rejected. ADHS/DBHS will correct and resubmit the rejected files for AHCCCS processing.



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Section 2.2 Overview

AHCCCS Edits and Audits Encounter Processing

Encounter files that pass the pre-syntax edits are subject to further processing. AHCCCS will run additional edits and audits on each encounter. Encounters that successfully pass this process are added to AHCCCS approved encounter database. Encounters that fail one or more edits/audits are placed in the pended encounters file.

ADHS/DBHS Processes AHCCCS Output Files

ADHS/DBHS will retrieve and review the data placed on the FTP server by AHCCCS. These files will be removed from the FTP server by AHCCCS according to their established timelines.

An adjudicated encounters file and a pended encounters file will be generated by the AHCCCS encounter cycle. Several reports and logs will also be generated. This information is forwarded to the FTP server for ADHS/DBHS to retrieve, process and review.

2.2.4 Correction of AHCCCS Pended Encounters

As mentioned in 2.2.3, Monthly New Day Encounter Process, AHCCCS processing creates a pended encounters file that contains all encounters that failed one or more edits/audits. ADHS/DBHS Office of Program Support then adds the sanction date and the pend days to this file before sending it to the RBHA. The RBHA must evaluate the encounters on this file to determine the appropriate course of action. The table below presents an outline of the basic responsibilities for each entity.

Entity	Responsibility
RBHA	 Evaluate pended encounters Notify ADHS/DBHS about any AHCCCS errors causing pended encounters Create duplicate overrides approval file Perform online correction of appropriate pended encounters Create void records for pended encounters identified for deletion.



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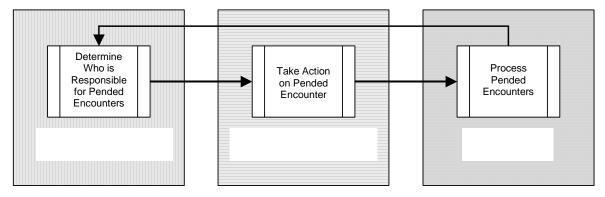
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Section 2.2 Overview

Entity	Responsibility	
ADHS/DBHS Office of Program Support (OPS)	 Assist RBHA in correcting AHCCCS Pended encounters Notify AHCCCS of any AHCCCS system errors causing pended encounters. 	
ADHS ITS	 Forward the RBHA's notification about AHCCCS errors causing pended encounters to AHCCCS for their review. Generate deletion transaction for all void records submitted by RBHAs for pended encounters Process all duplicate override encounter files submitted by the RBHAs 	
AHCCCS	 Investigate any AHCCCS system errors causing pended encounters 	

A high-level flow diagram of the pended encounter correction process is shown in Figure 3 below.

Figure 3





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Chapter 2. Encounter Processing Procedures

Section 2.2 Overview

Determine Who is Responsible for the Pend

If the RBHA believes the encounter was pended due to a system error at AHCCCS, the RBHA must notify ADHS/DBHS. ADHS/DBHS will research any problems reported by the RBHAs or ADHS/DBHS staff and refer to AHCCCS if appropriate.

Take Action on Pended Encounter

The RBHA must review and take appropriate action on the encounters included on the pended encounters file. Encounters that need to be corrected can be corrected online in CIS. All other pends must be deleted or overridden if they cannot be corrected online. For complete information on deleting or overriding a pended encounter, See Chapter 2, Section 2.5.6 and Section 2.5.7.

Process Pended Encounters

ADHS ITS will process the pended encounter deletions, overrides, and the online corrections so they can be forwarded to AHCCCS for the next monthly encounter process.



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Chapter 2. Encounter Processing Procedures

Section 2.3 Nightly Encounter Process

2.3.1 Introduction

This section details the procedures for RBHAs to submit encounters to ADHS/DBHS for processing. The output from the process is also discussed. This process is termed the Nightly Encounter Process.

2.3.2 Timeliness Requirements

An encounter must meet the following requirement to be processed in the Nightly Process:

- □ Encounters must be submitted to ADHS/DBHS within 210 days from the date of service to avoid sanctions.
- All daily files must be on the RBHA's directory on the ADHS/DBHS FTP server by 6:00 P.M. to be processed in the Nightly Encounter Process.
- Encounters must be processed in the Nightly Process by the last Friday of the month to be included in the file sent to AHCCCS for that month.

2.3.3 Hints for Preparation of Select Data Fields

A few of the data fields that are prepared by the RBHA during the encounter preparation for submission to ADHS/DBHS may benefit from further explanation. Those fields are discussed below.

Medicare Payment Fields

There are Medicare-related payment fields that are required when the member is eligible for Medicare. The Medicare eligibility is located in the TPL file. The TPL file updates are done daily, and the complete TPL file is updated once a year. The payment fields to be populated are:

- □ *Medicare allow amount* the amount Medicare would pay for the service.
- □ *Medicare paid amount* the amount Medicare did pay for the service.
- Medicare deductible amount the amount of the deductible that the Medicare recipient is responsible for paying.
- □ Coinsurance the amount of the billed charges that the recipient is responsible for paying (on UB-92 only).



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Section 2.3 Nightly Encounter Process

For additional information on the TPL file and its location, please see the Client Information System (CIS) File Layout and Specifications Manual.

The payment values in the Medicare fields should be:

□ Blank when:

- The member is not eligible for Medicare.
- Pharmacy (Form C) encounters are being submitted.
- □ Zero (\$0) with no required Explanation of Benefits (EOB) when:
 - The member is eligible for Medicare but Medicare does not cover the service performed.
 - The provider is not eligible to receive payments from Medicare.
- □ The dollar amount from the Medicare EOB when:
 - The member is eligible for Medicare, the provider is Medicare certified and the service is covered by Medicare.

The following table summarizes the payment amounts that should be submitted on an encounter for the Medicare payment fields.

Medicare	Eligibility Status M		dicare Field Content		
Member Eligible	Provider Eligible	Service Eligible	Medicare Allow Amount	Medicare Deductible Amount	Medicare Payment Amount
No	Yes	No	Blank	Blank	Blank
No	No	Yes	Blank	Blank	Blank
No	Yes	Yes	Blank	Blank	Blank
Yes	Yes	No	0	0	0
Yes	No	Yes	0	0	0
Yes	Yes	Yes	EOB amount	EOB amount	EOB amount

Provider ID

As of February 1, 2002, ADHS/DBHS changed its policy to require encounters for all Title XIX eligible providers to be submitted using a combination of the provider's AHCCCS ID and location code instead of the provider's DBHS ID. The policy change is effective for the following:

- Service Provider (including Pharmacy)
- □ Group ID
- Billing Provider
- Referring Provider
- □ Attending Provider (UB-92 only)



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The following table shows when the DBHS or AHCCCS provider ID should be submitted on the encounter based on the date of service on the claim and the provider type.

Table A

Encounter Date of Service	Provider Type	Provider ID
Prior to February 1, 2002	All Provider Types	DBHS
On or after February 1, 2002	S1. Prevention Agency/Early Intervention S2. Other S3. Tribal Traditional Service Practitioner	DBHS
	All Other Providers Types	AHCCCS
On or after October 16, 2003	All Provider Types	AHCCCS

The RBHA is responsible for ensuring that its providers have and use the appropriate provider ID, including location code where applicable. Volume I, Chapter 2 discusses the procedures for registering providers for a DBHS provider ID. It also provides information on what department to contact at AHCCCS to register providers for an AHCCCS ID.

NOTE: Do not contact ADHS/DBHS personnel regarding questions about a provider's AHCCCS ID. Contact the AHCCCS Provider Registration Department at (602) 417-7670 during normal business hours.

2.3.4 Encounter Submission and ADHS/DBHS Processing

The specific steps that should be completed to prepare and submit the encounters to ADHS/DBHS for processing can be found in the Client Information System (CIS) File Layout and Specifications Manual.

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2.3.5 Data Returned to RBHAs

Encounter records that were Added/Changed/Deleted during the ADHS/DBHS Nightly Process are included in the new/changed status file. The new/changed status file also contains all other encounters that had a status change that day. The new/changed status file should be downloaded from the RBHA's directory on the FTP server. Detailed information can be found in the CIS File Layout and Specifications Manual.

The new/changed status encounter file can be used by the RBHA to double-check ADHS/DBHS and AHCCCS processing. These monitoring efforts include activities like:

- Monitoring the status of all submitted encounters on the RBHA's system. The 'Change_Control_Date' will be updated during:
 - The nightly process (after ADHS/DBHS processing)
 - The new day process (after AHCCCS processing)
 - Processing of the AHCCCS adjudication file (after ADHS/DBHS processing).
- Verification that all online corrections were processed
- Confirmation that the text files containing deletions and overrides were correctly processed at ADHS/DBHS and AHCCCS.
- Demonstrate that all files submitted for the Nightly Process were accepted and processed at ADHS/DBHS.
- Ensuring that all encounters in the RBHA's system have been accepted at both ADHS/DBHS and AHCCCS.
 - Encounters with no AHCCCS process date should be tracked to determine why the encounter was never sent to AHCCCS.



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Rejected Records

Encounters that fail the pre-processor edits are sent back to the RBHA without being entered into any CIS database. They are sent back to the RBHA in the form of electronic files created by ADHS/DBHS.

There are a number of steps involved in processing the rejected records.

Daily Encounter Report

The Daily Encounter Report provides record counts for files from the RBHA that were processed in the Nightly Process. It contains record counts by form type for the encounter files submitted that day.

Step 1: Create Daily Encounter Report

Responsibility: ADHS ITS

ADHS ITS creates the Daily Encounter Report after the encounters have been processed. This report is only generated as hard copy. Copies of the report are forwarded to ADHS/DBHS OPS and the RBHA.

Step 2: Review Daily Encounter Report

Responsibility: RBHA

The following calculations can be used to perform a high-level check of the data files submitted for processing.

Form Type	Calculation
UB-92	Accepted Records +Rejected Records =
	Header Records
HCFA-1500	Accepted Records + Rejected Records =
	Detail Records
Form C	Accepted Records + Rejected Records =
(Pharmacy)	Total Records

If these calculations do not balance then the RBHA should examine the data that was submitted in that file. The RBHA may not be submitting the appropriate combination of header and detail records.

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Step 3: Monitor Daily Encounter Report Responsibility: ADHS/DBHS OPS

ADHS/DBHS OPS will use the Daily Encounter report to look for encounter processing trends. This report will also be used to monitor the volume of encounters:

- Submitted by each RBHA
- Rejected by pre-processor edits
- Accepted and loaded into the CIS encounter database

2.3.6 Correction of Rejected Records

<u>Timeliness Requirements</u>

Encounters that fail the pre-processor edits are still subject to the timeliness requirement for all new encounters:

- □ Encounters must be submitted to ADHS/DBHS within 210 days from the end date of service to avoid sanctions.
- □ The RBHA must correct the encounter prior to the deadline.

Pre-Processor Edit Failure Correction Procedures

The RBHA must correct and resubmit the encounters that fail the pre-processor edits. ADHS/DBHS does NOT update the CIS database with these records. If the RBHA does not correct and resubmit the encounters, they will never be processed by ADHS/DBHS. For a list of the CIS pre processor edits, refer to the CIS File Layout and Specifications Manual.



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Section 2.4 Monthly New Day Process

2.4.1 Introduction

ADHS/DBHS forwards all of the Title XIX/XXI encounters it has received from the RBHAs to AHCCCS for processing on a monthly basis. This process is called the Monthly New Day process.

2.4.2 Timeliness Requirements

Overall Deadlines for Encounter Submission to AHCCCS

ADHS/DBHS must submit encounter data within 240 days of the end of the month of service, or the date of enrollment, which ever is later. Encounters submitted to AHCCCS after this period may be subject to timeliness sanctions.

Processing-Specific Deadlines for Encounter Submission to ADHS/DBHS

ADHS/DBHS accumulates encounters from the RBHAs on a daily basis and forwards them to AHCCCS on a monthly basis.

The final accumulation before AHCCCS runs the Monthly New Day Process begins on the last Friday of each Month.

- □ The RBHA must successfully submit new encounters by 6:00 P.M. on that day for the encounter to be included in the monthly new day process.
- The RBHA must successfully submit Pended Encounter Duplicates Overrides by 6:00 P.M. on the Tuesday before the last Friday of each month to be included in the monthly new day process.
- □ The RBHA must successfully submit deletions and online corrections by 6:00 P.M. on the last Friday of each month for inclusion.

Processing-Specific Deadlines for File Submission to AHCCCS

ADHS/DBHS must submit encounter files to the AHCCCS FTP server before 5:00 A.M. to be included the encounter processing for that month.



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2.4.3 AHCCCS Cycle Processing Timelines

The monthly portion of the AHCCCS encounter cycle begins on the Saturday after the first Wednesday of the month. This implies that the cycle usually starts between the 4th and the 9th of each month. The cycle takes approximately 6 working days to complete.

Output files are usually available between the 13th and the 17th of the month. Refer to AHCCCS website for encounter processing schedule.

2.4.4 ADHS/DBHS Internal Edit Processing

Step 1: Process Encounters through ADHS Internal Edits

Responsibility: ADHS ITS

Timing: Monthly

There is one active internal edit. This internal edit is: PC24 'Duplicate Client ID on Intake'. Encounters that fail the internal edit are put into an internal pend file.

Step 2: Review Encounters that Failed ADHS Internal Edits

Responsibility: OPS

Timing: Whenever Encounters Fail the Internal Edit

An OPS staff member is required to review the encounters included in the internal pend file. Encounters that are listed on this file require OPS to research the CIS/AHCCCS client enrollment segment for discrepancy to determine what action is required to resolve the problem.

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Step 3: Identify Demographic Discrepancies

Responsibility: OPS

Timing: Whenever Encounters Fail the Internal Edit

Identify the discrepancies by comparing the demographic data in AHCCCS PMMIS screen RP216 against the AHCCCS/BH Enrollment data from the CIS/AHCCCS Recipient Data screen H74963.

Step 4: Research CIS Client ID for Encounter

Responsibility: OPS

Timing: Whenever Encounters Fail the Internal Edit

Review the Client Inquiry screen – H74971 to determine whether the client has another CIS client ID. This should be done in order to determine whether the AHCCCS segment has been incorrectly posted to a duplicate CIS client ID.

Step 5: Resolve Duplicate CIS Client ID

Responsibility: OPS

Timing: Whenever Encounters Fail the Internal Edit

If a duplicate CIS client ID is found, compare the CIS duplicate client ID data and the reported encounter segment.

- If the data matches, then move the segment from the duplicate client ID to the correct CIS client ID in the AHCCCS Roster History screen found on the CIS/AHCCCS Recipient Data screen (H74963).
- If the duplicate client ID has an open intake date, the data should be referred to the appropriate RBHA in order to process a closure.

Step 6: Determine Whether the Error is in PMMIS or CIS

Responsibility: OPS

Timing: Whenever Encounters Fail the Internal Edit

Verify that the CIS client intake and closure dates cover the AHCCCS behavioral health segment. The AHCCCS segment must fall between the intake and closure dates.



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CIS Error

If the CIS intake and closure dates cover the time period for the missing AHCCCS segment, manually post the segment to CIS.

PMMIS Error

If the CIS intake and closure dates in PMMIS do not cover the AHCCCS behavioral health segment, or if they contain a different RBHA ID, ADHS/DBHS will contact AHCCCS. ADHS/DBHS will prepare and send AHCCCS a request to manually correct the appropriate PMMIS data.

Step 7: Correct AHCCCS ID Responsibility: ADHS ITS

Timing: Whenever Encounters Fail the Internal Edit

If use of an invalid or secondary AHCCCS ID on the CIS intake caused the error, ADHS/DBHS will contact the RBHA. The RBHA will be asked to correct the AHCCCS ID and submit a corrected intake to ADHS/DBHS.

2.4.5 ADHS/DBHS Encounter Submission and AHCCCS Processing

ADHS/DBHS produces up to four encounter files for the monthly new day process. The encounters are segregated into separate files based on a combination of status (new/pended) and form type. The four files contain:

- □ HCFA encounters non-pend
- □ UB encounters non-pend
- □ Pharmacy encounters non-pend
- Pend encounters corrections, deletion and overrides.

The encounters that will be included in the non-pend files are:

- All Title XIX and Title XXI encounters that have been accepted through the Nightly Process since the last time the monthly new day process was executed.
- Older encounters that became Title XIX or Title XXI eligible during the month because the members received retroactive Title XIX or Title XXI eligibility, when identifiable.



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The pended corrections file will contain all pended encounters that were corrected by the RBHA online (using the ADHS/DBHS CIS screens) before the ADHS/DBHS online correction deadline. It will also contain all deleted and approved duplicate encounters submitted by the ADHS/DBHS submission deadline.

All the data files must be created using the following criteria:

- Create fixed-width text files with carriage return line feed at the end of each record
- Use ASCII text
- Do not use delimiters such as commas or tabs between the fields

The record layouts for the four files are can be found in the CIS File Layout and Specifications Manual.

2.4.6 Reports and Files

The Office of Program Support generates several monthly reports to monitor encounters sent to AHCCCS. The reports are distributed to Office of Program Support management, RBHA technical assistants, other key personnel, and the RBHAs. Report samples are provided in Appendix B, ADHS/DBHS Monthly OPS Reports.

AHCCCS also generates several reports that ADHS/DBHS and ITS staff use to balance the adjudication file and pended encounter data. Samples of these reports are provided in Appendix A, Monthly New Day Process Reports.

Step 1: Review Monthly AHCCCS Adjudication Reports Responsibility: ADHS/DBHS

ADHS/DBHS OPS staff monitors the AHCCCS adjudication reports and may contact the RBHAs and/or AHCCCS when problems are noted.



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Step 2: Distribute Monthly Pended Encounter Reports

Responsibility: ADHS/DBHS

The monthly adjudication and pended encounter reports should be distributed to OPS management, the technical assistants, other key OPS personnel, and the RBHAs.

Step 3: Create the RBHA's Pended Encounter Files

Responsibility: ADHS/DBHS OPS

After processing the pended encounters and reviewing the reports, ADHS/DBHS OPS will create separate files containing the pended encounters for each RBHA.

Step 4: Place the RBHA's Pended Encounter Files on NT Server Responsibility: ADHS/DBHS OPS

The RBHA-specific pended encounters will be placed in a file named apend_XX.txt

□ XX will be replaced by the two-digit RBHA ID.

This file will be placed on the NT server in a zipped and HIPAA password protected file called apend_XX.zip. It will NOT be available on the FTP server.



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2.4.7 Encounter Processing Report Created by ADHS/DBHS

ADHS/DBHS creates a summary report from the adjudicated encounters file. This report is called the Adjudicated Encounter – Counts Report. This report provides approved, deleted, pended, voided and denied encounter counts by RBHA and form type.

2.4.8 Encounter Processing Data Provided to RBHAs

The RBHAs receive data as a result of the monthly new day encounter process.

- □ The pended encounters data is received directly in one file. RBHA responsibilities for processing this file are discussed in Section 2.5.1, Introduction.
- □ The adjudicated encounters are received indirectly via the New/Changed Status file. This file is discussed in Section 2.4.6, Encounter Processing Data and Reports Returned to ADHS/DBHS.

The pended encounters file contains all encounters that were pended or denied during the cycle. This file is put out on the RBHA's directory on the NT server.

2.4.9 Encounter Submission Tracking Report

AHCCCS requires that contractors develop and maintain an Encounter Submission Tracking Report (ESTR) for encounters with dates of service January 1, 2001 and after.

ADHS/DBHS is developing the procedures for their ESTR. ADHS/DBHS will track 15 months of data. The tracking will be based on the date of service for the encounter. ADHS/DBHS intends to track items such as:

- Number of Encounters Submitted to AHCCCS
- Number of Encounters Adjudicated
- Number of Pended Encounters
- Number of Encounters Accepted, by Form Type
- Percentage of encounters submitted to and accepted by AHCCCS.
- □ Title XIX/XXI and Non-Title XIX/XXI clients.



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Section 2.5 AHCCCS Pended Encounter Correction

2.5.1 Introduction

The pended encounter file is produced by AHCCCS at the conclusion of each AHCCCS encounter processing cycle. Each encounter record is first evaluated against a series of edits. The edit process examines data fields necessary for the processing and adjudication of the encounter. These edits include syntax and data quality checks of fields such as:

- Member and provider ID numbers
- · Dates of service
- Service and diagnosis codes
- Payment data

Encounters that fail one of more edits are placed in the pended encounters file. This section outlines actions that RBHAs can take to resolve AHCCCS pended encounters and references procedures for correcting encounters that fail for several commonly found AHCCCS edits.

2.5.2 Timeliness Requirements

Overall Encounter Pend Correction

RBHAs have 120 days from the date the encounter was processed at AHCCCS to correct that pended encounter. If the error is not corrected by the deadline, the RBHA is liable for sanctions. Each RBHA is responsible for the timeliness of its subcontractors.

Ideally the RBHA should submit encounter pend corrections to ADHS/DBHS within 90 days. This will provide ADHS/DBHS adequate time to process and send the pend action correction to AHCCCS.

Processing Specific Deadlines

The pended encounter file will be available to the RBHA around the 15^{th} – 18^{th} of each month.

To be included in the monthly new day process:

- Online corrections must be made in CIS by 6:00 P.M. on the last Friday of the month.
- Deletion and duplicate override files must be on the NT server by 4:00
 P.M. on the Tuesday before the last Friday of the month.



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2.5.3 Sanction Calculation and Penalties

As mentioned in Section 2.5.2, Timeliness Requirements, pended encounters must be corrected within a specified time period, or the RBHA will be subject to sanctions.

<u>Assessment Schedule</u>

Sanctions are calculated and assessed on a quarterly basis.

Sanction Fees per Encounter

Total sanction penalties are calculated on a "per pended encounter" per month basis. The sanction penalty amount per encounter is identified in the following table.

Days Outstanding	Sanction Amount per Encounter
0 – 120 days	N/A
121 – 180 days	\$5 per month
181 – 240 days	\$10 per month
241 – 360 days	\$15 per month
361+ days	\$20 per month

Calculation Methodology

The days outstanding listed in the above table are based on the time elapsed since the receipt date of the encounter. Currently the receipt date is the date the encounter was placed on the AHCCCS FTP server by ADHS ITS.

As stated previously, sanctions are assessed quarterly. However, the sanction penalties are calculated for each month in the quarter. For example, the sanction penalties for the quarter ending September 30, 2003 would involve calculations for July, August and September.

To perform the monthly calculation, the receipt date of the encounter is compared to the monthly new day encounter processing date. If that comparison yields a number of days outstanding that falls into one of the penalty categories,



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the corresponding sanction amount is assessed. After the comparison for each of the three months is performed, the sanction amounts for that encounter are summed to determine the total sanction for that pended encounter.

Here is an example of a sanction calculation for the quarter ending December 31, 2002.

Month	Days Outstanding	Sanction Amount
October	93	\$0
November	124	\$5
December	155	\$5
Total for encounter		\$10

Exclusions from the Calculation

As discussed in Section 2.5.12, Pends Caused by AHCCCS Errors, the RBHA may believe that an AHCCCS error caused the encounter to pend. The pended encounters that AHCCCS has currently accepted responsibility for are excluded from the pended encounters sanction calculation.

RBHA Sanction Payments

Sanction amounts will be deducted from the RBHA's capitation payment.

2.5.4 Overview of RBHA Correction of AHCCCS Pended Encounters

Step 1: Retrieve Pended Encounter File from NT Server Responsibility: RBHA

The RBHA-specific pended encounters will be placed on the NT server. The path and file name will be \\bhsw2k\rbhaXX\pend_process\apend_XX.zip

XX will be replaced by the two-digit RBHA ID.

Step 2: Determine Responsibility for the Error

Responsibility: RBHA

If the RBHA believes that the error is due to AHCCCS caused issues, refer to Section 2.5.12, Pends Caused by AHCCCS Errors, for the procedures.



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Step 3: Determine What type of Action is Required

Responsibility: RBHA

Two types of edits may be encountered when examining the pended encounter file:

Hard Edits

Soft Edits

Hard edits cause an encounter to fail. Soft edits are more like warnings. Soft edits do not cause the encounter to fail. Soft edits will only be included on the file when a hard edit caused the encounter to fail. The hard edits must be corrected by the RBHA for the encounter to be successfully processed by AHCCCS. The soft edits do not have to be corrected by the RBHA. The soft edit status descriptions are listed in Appendix D. Please refer to the AHCCCS PMMIS system for the most current status of specific edits.

There are three actions that can be taken to fix an encounter that pended at AHCCCS. The table below identifies the type of action, the method of implementation and the section of the manual where that process is discussed.

Action	Implementation Method	Section Reference
Correct the Encounter	Online Correction	2.5.5
Delete the Encounter	Submit Text File	2.5.6
Override the Duplicate	Submit Text File	2.5.7
Encounter		

Step 4: Perform Required Action Steps

Responsibility: RBHA

The RBHA should follow the steps in the referenced section to complete the processing of the pended encounter.

2.5.5 Online Correction of Pended Encounters

The RBHA can correct the fields on an encounter that caused it to pend by using the CIS AHCCCS Pended Encounter Correction Screen. Basically, a "C" is placed by the field to be changed and the new value is entered on the screen to make a correction. Please refer to the AHCCCS PMMIS system for the most



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current status of specific edits. The RBHA may contact their Technical Assistant if they need additional error correction assistance.

Step 1: Determine Which Field Requires Correction Responsibility: RBHA

There are several ways to determine which field(s) caused the encounter to pend:

- The encounter error fields reference file provides a list of fields associated with each edit. This file is discussed in Section 2.6.2, AHCCCS Error Code Reference Files.
- □ The EC735 Error to Field Inquiry screen in AHCCCS PMMIS also provides this information.
- □ The CIS screen lists all fields associated with all of the AHCCCS edits that the encounter failed.

Correction of header and detail fields is dependent on the specific edit that failed.

Step 2: Access the AHCCCS Pend Maintenance Screen in CIS Responsibility: RBHA

After logging into CIS, select Client Info from the main menu. Click Encounter Pend Maintenance in the drop down to navigate to the AHCCCS Pend Maintenance Screen. This is the screen where the pended encounter can be corrected.

Step 3: Enter the Correction

Responsibility: RBHA

- Highlight the field to be corrected.
 - Only fields with a line displayed in the new value field on the screen can be corrected.
- Type C in the action field.
- Type the correct information in the new value field.
 - To remove the contents completely from the "old value" field, leave the "new value" field blank.



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2.5.6 Deletion of Pended Encounters

There are occasions when it is appropriate to delete a pended encounter. However, deleting an AHCCCS pended encounter to avoid getting sanctioned is not a valid deletion reason and is not allowed by ADHS/DBHS.

Step 1: Verify the Encounter Should be Deleted Responsibility: RBHA

The RBHA may submit encounters for deletion when appropriate. Some examples of valid reasons for encounter deletions are:

- □ The encounter is a true duplicate of another submitted encounter.
- The encounter must be corrected by the provider and resubmitted because it is not possible to perform an online correction.
 - For example, an inpatient hospital encounter that fails because no ancillary revenue codes were submitted must be deleted because revenue codes cannot be added to an encounter via the online correction process. In this case, the encounter must be voided in CIS and then resubmitted as a new encounter after correction by the provider. ADHS ITS will automatically generate a deletion transaction using the RBHAs voided encounter and send it to AHCCCS.

Step 2: To delete a pended encounter crate a void.

Responsibility: RBHA

All pended encounters that are identified for deletion must be voided in CIS and resubmitted if appropriate. Deletion reason logs must be maintained by RBHAs. Please refer to Appendix C for the override/deletion file layout.

For more detailed information on submitting voids refer to the Client Information System (CIS) file layout and specifications manual.



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Step 3: Monitor Deletions
Responsibility: OPS/ RBHA

ADHS/DBHS will monitor encounter deletions submitted by the RBHA to ensure encounters are getting resubmitted when appropriate. RBHA shall have a monitoring process in place for the encounter deletions.

2.5.7 Duplicate Encounter Overrides for Pended Encounters

In some instances encounters that were pended at AHCCCS as *near* duplicates could be approved by having the RBHA override the error result. Override reason logs must be maintained by RBHAs. Please refer to Appendix C for the override/deletion file layout.

Step 1: Verify Duplicate Status

Responsibility: RBHA

- Encounters that were pended at AHCCCS as near duplicates can be approved.
 - Near duplicate encounters are defined as encounters that are for the same dates of service, member and service (procedure code, revenue code or NDC) but that were submitted by two different providers.
- □ Encounters that were pended at AHCCCS as exact duplicates should not be approved.
- □ UB-92 encounters that were pended at AHCCCS cannot be approved as duplicates.
 - They should be deleted as discussed in Section 2.5.6,
 Deletion of Pended Encounters.
- Encounters for members that receive the same service with the same provider at different times cannot be approved as duplicates.
 - They should be deleted as discussed in Section 2.5.6,
 Deletion of Pended Encounters.



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Step 2: Create Duplicate Overrides Text File Responsibility: RBHA

The RBHA must create one combined file, (fixed length, no commas or quotes) to be submitted, via the NT server. The file layout is included in Appendix H. The single file will be called DELDUPyyyymm_rr.TXT (yyyymm is the pend cycle 4-digit year and 2-digit month, rr is the 2 character RBHA ID (zero filled)). Example: For ValueOptions' pend cycle April 2003, the file name would be DelDup200304_08.txt.

All fields are required. If any of the fields are missing OR the reason code is not valid OR we cannot associate the record with a current pended encounter, the record will be rejected. Rejected records will be written to an exception file and distributed to the RBHAs via the NT server. The list of valid reason codes is included in Appendix H. The RBHAs may submit new reason codes to BHS. BHS will review new reason codes prior to adding them to the valid Reason Code List.

Step 3: RBHA Uploads the Duplicate Overrides File to the NT Server Responsibility: RBHA

The duplicate overrides pended encounters text file must be placed on the RBHA's directory on the ADHS/DBHS NT server.

Step 4: Forward the Duplicate Override Files submitted by the RBHAs to ADHS ITS

Responsibility: ADHS/DBHS OPS

The online corrections, along with the delete and duplicate overrides submitted in the text files will become inputs to the Monthly New Day process discussed in Section 2.2.3, Monthly New Day Encounter Process.

2.5.8 ADHS/DBHS Processing of Pended Encounter Corrections

The online corrections, duplicate overrides submitted in the text files and deletions (generated by voids) will become inputs to the Monthly New Day process discussed in Section 2.2.3, Monthly New Day Encounter Process.



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2.5.9 Pended Encounter Correction Reports

As stated, the pended encounter actions will be processed in the monthly new day process. The Show Action Taken Detail report is produced at the end of the monthly new day process.

2.5.10 AHCCCS Pended Encounter Correction Hierarchy

Order of Processing

In some cases, more than one action may be taken for one pended encounter record. When multiple actions are submitted for the same correction header record, the actions will be processed in the following order:

- 1. Encounter Deletion
- 2. Duplicate Override Approval
- 3. Online Correction

Encounter Deletion

- Deletion records are always processed first.
- □ When an encounter is deleted, no other actions will be taken on any field or detail line for that encounter.
- □ For example, if the header record for an encounter has a delete record and one of the detail lines has a correction record, the correction record will be ignored. Only the header delete record will be processed.

Duplicate Override Approval

- If the encounter has both a duplicate override record and an online correction record for the same detail or header line, the correction record will be ignored.
- □ If there is no delete record for a HCFA-1500 or Universal Drug Form C encounter, the system will look for an override record on the detail line.
- □ If there is no delete record for a UB-92 encounter, the system will look for an override record on the header record.



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Online Correction

If there are no delete or override records for the appropriate header or detail line on the encounter, all correction records are applied.

2.5.11 Mass Adjustments

Occasionally the ADHS ITS Department may internally correct encounters failing for a specific edit instead of requiring the encounters to be corrected online. This occurs primarily when a RBHA has large numbers of pended encounters for a specific edit.

Request Adjustment Step 1:

Responsibility: RBHA

The RBHA must send an email message to the Encounter Supervisor.

Step 2: Approve/Deny Request Responsibility: ADHS/DBHS OPS

> Mass adjustments will be approved on a case-by-case basis and will normally only be done when an exceptionally large number of errors occur unexpectedly. The Chief Financial Officer makes the final determination regarding approval.

ADHS/DBHS will not continue to approve mass adjustments for the same error just because the RBHA has not made the necessary system or staffing changes to allow it to correct the encounters internally.

Step 3: Notify RBHA of Decision Responsibility: ADHS/DBHS OPS

> The Encounter Supervisor notifies the RBHA about the approval or denial of the request via telephone and e-mail.

Step 4: Forward Request to ADHS ITS

Responsibility: ADHS/DBHS OPS

If the request is approved, it is forwarded to ADHS ITS.



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Section 2.5 AHCCCS Pended Encounter Correction

Step 5: Process the Mass Adjustment

Responsibility: ADHS ITS

ADHS ITS processes the mass adjustment.

2.5.12 Pends Caused by AHCCCS Errors

Definition

An AHCCCS error is defined as a pended encounter that requires AHCCCS resolution to correct the pended encounter. These errors usually require one or more of the following actions:

- A change to the system programming
- An update to the database reference tables
- Further research by AHCCCS

For an error to be classified in this category, AHCCCS must acknowledge that the pended encounter is their responsibility.

Procedures

Step 1: RBHA Notifies ADHS/DBHS

Responsibility: RBHA

The RBHA must notify ADHS/DBHS in writing before the pend correction deadline if it believes that the resolution of a pended encounter depends on AHCCCS rather than the RBHA.

Although pended encounters will not be sanctioned until the correction deadline has passed, ADHS/DBHS encourages RBHAs to provide written notice as soon as possible.

Step 2: ADHS/DBHS Notifies AHCCCS

Responsibility: ADHS/DBHS OPS

After ADHS/DBHS OPS receives notification about the suspected AHCCCS error, ADHS/DBHS OPS will forward that notification to AHCCCS for further determination.



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Step 3: AHCCCS Reviews Validity of RBHA Submission Responsibility: AHCCCS

AHCCCS reviews the notification submitted by the RBHA to determine responsibility for the error. If AHCCCS reviews the RBHA notification and finds that it is not valid, the pended encounter will not be considered to be an AHCCCS error.

Step 4: AHCCCS Notifies ADHS/DBHS about Error Determination Responsibility: AHCCCS

AHCCCS will respond in writing within 30 days of receipt of the RBHA's notification. The AHCCCS response will identify the status of each pended encounter problem or issue in question.

Step 5: ADHS/DBHS Notifies RBHA Responsibility: ADHS/DBHS OPS

After ADHS/DBHS receives AHCCCS notification about the suspected error, ADHS/DBHS will forward that notification to the RBHA.

Step 6: Follow-up on Response

Responsibility: RBHA

The RBHA must read the AHCCCS response to learn whether further action is required by them on the pended encounter. If AHCCCS does not accept the RBHA's assertion that the pended encounter is an AHCCCS problem, the RBHA must begin resolving the pended encounter. Lack of action on the pended encounter can result in sanctions as described in Section 2.5.3, Reporting Requirements.

If AHCCCS has asked for further substantiating documentation, the RBHA must begin resolving the encounter in order to avoid sanctions.

Effect on Sanctions

Before imposing sanctions, ADHS/DBHS will notify the RBHA in writing of the total number of encounters pended for more than 120 days and the number of such encounters not subject to sanction because of ADHS/DBHS error.

The RBHA may be sanctioned retroactively if a pended encounter being researched by AHCCCS is later determined not to be caused by AHCCCS error.



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Section 2.6 Encounter Reference Files

2.6.1 Introduction

This section contains information on the reference files that are provided to assist the RBHA in processing claims, correctly submitting encounters to ADHS/DBHS and correcting encounters that pended at either ADHS/DBHS or AHCCCS. The uses of these files will be discussed in the remainder of this section. The reference files can be categorized as:

- □ AHCCCS encounter error reference files
- □ AHCCCS provider reference files
- Procedure code reference files

2.6.2 AHCCCS Error Code Reference Files

AHCCCS provides its contractors with three files that give information about the edits that are used during encounter processing and the fields that can be used to correct encounters that fail these edits. These files are:

- Encounter Error Codes
- Encounter Correction Fields
- Encounter Error Fields

All three of these files are sent monthly to ADHS/DBHS and they are available for download on the RBHA Common directory of the ADHS/DBHS FTP server.

The first two files are reference files that provide descriptions of the edits and fields used in encounter processing. The information in these two files can be used to supplement the information in the last file, which identifies the fields that can be used to correct specific edits.

Encounter Error Codes (ecerr.txt)............CIS File Layout and Specification Manual

The encounter error codes file is a list of all current AHCCCS edits and includes the edit number and description. The file can be used to:

- Identify new and discontinued edits.
- □ Link descriptions to the error codes (i.e., edit numbers) in the encounter error fields file.



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Encounter Correction Fields (ecfld.txt) .. CIS File Layout and Specification Manual

The Encounter Correction Fields lists all internal fields that are used for each form type. This file changes very infrequently. However, the file can be used to:

- Identify new and discontinued internal fields for a form type.
- □ Link internal field descriptions to the internal field numbers used in the encounter error fields file.

Encounter Error Fields (ecerrfld.txt)...... CIS File Layout and Specification Manual

The encounter error fields file associates each encounter edit with the internal fields that can be changed to correct an encounter that failed the edit. The monthly update for this file will show changes to the internal fields available for correction for a specific edit.

If there are internal fields that the RBHA believes should be able to be changed when an encounter fails a specific edit, the RBHA should document the reasons why the internal field is necessary and send the documentation to their Technical Assistant at ADHS/DBHS.

2.6.3 AHCCCS Provider Reference Files

AHCCCS produces two provider reference files monthly. These files are available for download from the RBHA Common directory on the ADHS/DBHS FTP server. These files are:

- Provider profile file
- Monthly provider file

The AHCCCS provider files should be used to identify:

- Address changes of existing providers
- New providers and their characteristics
- Provider restrictions



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Provider Profile FileCIS File Layout and Specification Manual

The Provider Profile includes information on each provider's provider type, service codes, and categories of service. Providers are only authorized to provide the services that are listed in this file, defined either as the category of service or the specific procedure codes, to Title XIX or Title XXI members.

This file contains detailed information on all AHCCCS registered providers, including active, terminated, and suspended providers. The following information is included for each provider:

- Demographic data
- Provider status
- Categories of service
- Service rates
- □ Licenses/certifications
- Specialties
- Medicare coverage
- Restrictions
- Service/billing addresses
- Modifier
- Modifier/Procedure
- Place of Service to Procedure

2.6.4 ADHS ITS Provider Reference File

ADHS ITS produces one provider reference files monthly. This file is available for download from the ADHS/DBHS NT server. These files are:

DBHS-provider-only file

The AHCCCS and ADHS ITS provider files should be used to identify:

- Address changes of existing providers
- New providers and their characteristics
- Provider restrictions



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DBHS-Only Provider File......CIS File Layout and Specification Manual

This file lists DBHS-only providers. The providers in this file are not registered at AHCCCS. The file provides demographic information on these providers. The file is placed in the RBHA's directory on the ADHS/DBHS NT Server by the Data & Systems Analyst in OPS.

2.6.5 AHCCCS Procedure Code Reference Files

AHCCCS provides its contractors with two monthly files that provide comprehensive information about the characteristics of the procedure codes used during encounter processing. These files should be used to update information such as coverage, service limits, age and gender limitations and allowed modifiers. These files are available for download from the RBHA Common directory on the ADHS/DBHS FTP server.

Procedure Code Reference File 1 CIS File Layout and Specification Manual

The first procedure code reference file contains the following information on each procedure code:

- Demographics
- Max Allowed Charge
- AHCCCS Coverage
- Revenue Code to Bill Types
- Revenue Code to Procedure Code
- Modifier
- Modifier/Procedure
- Place of Service to Procedure

The information given in this file pertains to AHCCCS coverage of these codes and thus should only be applied for services to Title XIX or Title XXI eligible members by a Title XIX or Title XXI registered provider. ADHS/DBHS uses the same information for service limits and age and gender restrictions.



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Procedure Code Reference File 2 CIS File Layout and Specification Manual

The second procedure code reference file contains information on the allowed modifiers for each procedure code and procedure code restrictions such as units per day, gender and age.

The information in this file pertains to AHCCCS coverage only. Currently, RBHAs should bill only six modifiers.

RBHA Procedure Code Information Change Requests

To change an indicator or limitation associated with a specific procedure code, the RBHA should document the reasons for the new value and submit the documentation following the procedures identified in the covered services manual. The RBHA will be notified by its Technical Assistant if the change is approved and again after the change has been implemented.



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Section 3.1 Overview

3.1.1 Purpose

The Centers for Medicare and Medicaid Services (CMS) requires AHCCCS to oversee and submit progress reports on the encounter data collection process. AHCCCS performs yearly data validation studies to meet this requirement. All AHCCCS contractors and subcontractors are contractually required to participate in this process. In addition to meeting the CMS requirement, the data validation studies enable AHCCCS to monitor and improve the quality of the encounter data.

3.1.2 Types of Errors Examined

The data validation process estimates the relative rate of errors in the encounters submitted by contractors. Specifically, three types of errors are examined:

- Correctness
- □ Timeliness
- □ Omission

A *correctness error* is assessed when the dates of service (DOS), CPT and HCPCS procedure codes and/or ICD9 diagnosis codes in the encounter were incorrectly coded according to the medical documentation.

Encounters that are received at AHCCCS more than 240 days after the end of the month in which the service was rendered are categorized as *timeliness errors*.

An *error of omission* is recorded when provider documentation indicates that medical services were rendered, but an encounter was never received at AHCCCS.

3.1.3 Timing of the Cycle

The data validation process for a contract year starts approximately 8 months after the end of the contract year (September 30). Thus, the process for validating the data received from the contract year ending on September 30, 2003 would begin in June 2004.

Exhibit 3.1 presents the overall timeline for the major steps in the data validation process. (NOTE: **Start Months are Approximate.**) The cycle takes between 397 and 460 days to complete.



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Section 3.2 Data Validation Process

3.2.1 Introduction

The data validation cycle requires sample selection, submission of the medical records for review, scoring of the records and a series of reports culminating in a final error rate. The details of this process are discussed in this section. A diagram of the responsible parties and the steps in the process is featured in Exhibit 3.2.

3.2.2 Sample Selection Process

Each year AHCCCS calculates the number of services that will be reviewed for the data validation study. Their process of sample selection and contractor notification is discussed herein.

Timeliness Requirements

AHCCCS begins the sample selection in June – approximately 8 months after the end of the Data Validation contract year. AHCCCS takes about 7 to 10 days to complete this task.

<u>Procedures</u>

Step 1: Determine Data Validation Sample Size

Responsibility: AHCCCS

The sample size for each contractor is re-calculated each year. The size is determined using the detailed "Random Sample Calculation" methodology documented in the <u>AHCCCS Encounter Data Validation Technical Document</u>. This document can be requested from the Encounter Group at AHCCCS. The sample size indicates the number of encounters/services that AHCCCS intends to review for the data validation study.

Step 2: Identify Specific Recipients/Clients to be Sampled

Responsibility: AHCCCS

After the sample size (number of encounters/services) needed is calculated, AHCCCS has to determine how many recipients/clients will need to be reviewed to approximate the desired sample size. The specifics of this calculation are also documented in the AHCCCS Encounter Data Validation Technical Document. Basically AHCCCS calculates the ratio of encounters submitted per recipient/client and



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uses that to calculate the number of recipients/clients that need to be reviewed.

Once the number of recipients/clients to be reviewed is calculated, the specific clients will be identified. AHCCCS downloads the ADHS/DBHS client list and selects a random sample of the clients.

Step 3: Notify ADHS/DBHS About Data Validation Study Responsibility: AHCCCS

AHCCCS creates a report for each RBHA identifying the clients selected for review. A letter requesting that AHCCCS receive a copy of the medical records for each of the clients listed is also prepared. Both items are mailed to the ADHS/DBHS Deputy Director as notification of the data validation study.

3.2.3 Medical Record Collection Process

After the clients selected for the sample are determined, the medical records for the clients in the sample must be collected and forwarded to AHCCCS.

Timeliness Requirements

All medical records for the clients included in the sample must be returned to AHCCCS within 90 days from the date of the initial letter from AHCCCS to the Deputy Director of ADHS/DBHS.

Procedures

Step 1: Receive/Forward List of Clients

Responsibility: ADHS/DBHS Deputy Director

After the Deputy Director receives the notification of the clients included in the data validation sample, it is forwarded to ADHS/DBHS OPS Manager.



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Step 2: Receive/Forward List of Clients

Responsibility: ADHS/DBHS OPS Data Validation Supervisor

ADHS/DBHS OPS will send the RBHAs the appropriate portion of the report and a computer disk that identifies the clients that are included in the data validation study.

Step 3: Determine Provider(s)/Facility for clients

Responsibility: RBHA

The RBHA should determine which provider/facility provided the services to the client, while the client is enrolled with RBHA and TXIX/TXXI eligible only, then determine where the medical records for each of the clients are housed.

Step 4: Forward List of Primary Care Providers

Responsibility: RBHA

The RBHA must forward a list of the provider(s)/facilities for each client, that is enrolled with RBHA and TXIX/TXXI eligible only, to AHCCCS.

Step 5: Notify Provider about Requirements for Medical Record Collection Responsibility: AHCCCS

After receiving the list of provider(s)/facilities for each client, AHCCCS will prepare a letter to notify the provider about the data validation process and its requirements.

Step 6: Gather/Forward Medical Records

Responsibility: Providers

The provider/facility must locate the medical records for each of the clients requested that are enrolled with RBHA and TXIX/TXXI eligible only.

Step 7: Forward Medical Records

Responsibility: Providers

The provider(s)/facility must forward the medical records for each client that is enrolled with RBHA and TXIX/TXXI eligible only, to AHCCCS.



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3.2.4 Medical Record Review Process

AHCCCS will review the medical records to determine what services the clients received. The services received will be compared to the encounters submitted to determine what types of errors, if any, exist.

Step 1: Verify All Medical Records Requested Were Received Responsibility: AHCCCS

AHCCCCS tracks the medical record files received. ADHS/DBHS will continue to receive notification from AHCCCS until all required medical records are received. AHCCCS will also send notification when all the requested records have been received from the providers.

Step 2: Identify Services Included on Each Medical Record Responsibility: AHCCS

Each medical record is entered into the Encounter Reporting Validation System (ERVS) as it is received. After all the requested medical records are received, the total number of medical records entered in ERVS are examined.

- If the actual number of services is less than or equal to the expected sample size, all the medical record entries will be examined.
- If the actual number of services is greater than the expected sample size, a random number table will be used to select the specific entries to be examined.

Step 3: Score/Code Each Medical Record Responsibility: AHCCCS

Two analysts will review the services selected for analysis. Each analyst will complete his or her review separately, without knowledge of the other analyst's determination.

Each analyst's review will include coding the services and entering that information into AHCCCS' Encounter Reporting Validation System (ERVS).



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Step 4: Compare Analyst Coding to Encounter Submitted to AHCCCS Responsibility: AHCCCS

AHCCCS has an automated process to match the analyst's coding (of the medical record services) with the reported encounters. Each analyst will (separately) review the encounters matched to his/her services. The analyst may override the automated comparison if he/she feels it is in error. Unmatched services will also be reviewed to determine if an encounter really does exist.

Step 5: Resolve Differences Responsibility: AHCCCS

After each analyst has completed the coding of the medical record services and the encounter matching process, the results of the two separate processes are compared. Any differences (e.g. service coding, matched encounters, unmatched services) will be reconciled. There will be one unified decision for each medical record service that is included in the sample.

3.2.5 Error Determination and Preliminary Report Generation

After all the services are coded and matched to encounters the specific errors are identified.

Step 1: Identify Omission Errors

Responsibility: AHCCCS

An *error of omission* is recorded when provider documentation indicates that medical services were rendered, but an encounter was never received at AHCCCS.

Step 2: Detect Correctness Errors

Responsibility: AHCCCS

A correctness error is assessed when the dates of service (DOS), CPT and HCPCS procedure codes and/or ICD9 diagnosis codes in the encounter were incorrectly coded according to the medical documentation.

Correctness errors can only occur when an encounter was matched to a corresponding medical record service. If the service coding agreed



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upon by the analysts does not match the encounter data, a correctness error is recorded.

Step 3: Identify Timeliness Errors

Responsibility: AHCCCS

Encounters that are received at AHCCCS more than 240 days after the end of the month in which the service was rendered are categorized as *timeliness errors*.

Timeliness errors can only occur when an encounter was matched to a corresponding medical record service. The ERVS automatically determines timeliness errors by comparing the date of the end of the month in which the service was rendered to the encounter submission date. If the time elapsed is greater than the AHCCCS deadline, a timeliness error is recorded.

Step 4: Generate Preliminary Reports

Responsibility: AHCCCS

After all the errors have been identified a preliminary error report is generated.

3.2.6 Preliminary Report Distribution, Review and Challenge

After the preliminary report has been prepared, it will be distributed to the appropriate parties. Challenges to the errors identified in the preliminary report can be submitted to AHCCCS when the RBHA/provider or ADHS/DBHS feels the error is incorrect. This is the **only** opportunity that the RBHA/provider has to challenge the errors identified by AHCCCS.

Timeliness Requirements

Any challenges to the errors identified in the preliminary report must be documented and forwarded to AHCCCS within 60 days. Therefore, the RBHA must complete their review and return any comments to ADHS/DBHS within 30 days.

Procedures

Step 1: Distribute Preliminary Reports

Responsibility: AHCCCS



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AHCCCS forwards the preliminary reports to the ADHS/DBHS Deputy Director as notification of the results of the data validation study. These reports are grouped by RBHA.

Step 2: Distribute Preliminary Reports

Responsibility: ADHS/DBHS Deputy Director

The Deputy Director forwards the preliminary reports to ADHS/DBHS OPS so they can distribute them to the RBHAs.

Step 3: Distribute Preliminary Reports

Responsibility: ADHS/DBHS OPS

ADHS/DBHS OPS mails the appropriate portion of the preliminary report to each RBHA.

Step 4: Review Preliminary Report

Responsibility: RBHA

The RBHA should review the preliminary error report to verify the correctness of the errors listed. The review should include comparisons to data from:

- Medical records
- □ AHCCCS and ADHS/DBHS eligibility records
- AHCCCS coverage of the service provided
- □ AHCCCS provider registration
- Other data sources, as applicable

See Section 3.2.10, Strategies to Reduce Encounter Errors for a description of some of the reasons that each type of error is recorded. See Section 3.2.11, Methods for Challenging Results for assistance in determining what is required to successfully challenge/grieve errors of each type.

Step 5: Identify Items to Challenge

Responsibility: RBHA

The RBHA is responsible for identifying any errors that they want to challenge in the AHCCCS preliminary report. Each challenge must be supported by additional documentation. Types of additional documentation include, but are not limited to:



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PMMIS screen prints

- CIS screen prints
- Screen prints from the RBHA's internal system

ALL documentation required to support the challenge must be submitted to ADHS/DBHS OPS. If the documentation submitted does not support the challenge, the challenge will not be processed by ADHS/DBHS. See Section 3.2.11, Methods for Challenging Results for assistance in determining what is required to successfully challenge each type of error.

If everything in the AHCCCS preliminary report is correct, a letter stating that no issues were noted should be prepared and sent to ADHS/DBHS OPS.

NOTE: This is the ONLY opportunity for the RBHA to challenge the errors identified by AHCCCS.

Step 6: Review Preliminary Report / Challenges

Responsibility: ADHS/DBHS OPS

ADHS/DBHS will review the preliminary report and the challenges submitted by the RBHAs.

Step 7: Combine all Preliminary Report Challenges

Responsibility: ADHS/DBHS OPS

ADHS/DBHS will create one unified challenge response containing all documented challenges noted by the RBHA and their own review of the preliminary report. This, along with all the supporting documentation submitted by the RBHAs, will be forwarded to AHCCCS.

3.2.7 Final Report Preparation and Distribution

AHCCCS will review the challenges and documentation submitted. This review will result in a final report that is distributed to the appropriate parties.

Timeliness Requirements

AHCCCS requires 30 to 60 days to issue a final report. The final report will incorporate any changes required because of preliminary report challenges submitted.



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<u>Procedures</u>

Step 1: Review and Process the Challenges Submitted

Responsibility: AHCCCS

The AHCCCS analysts will review the issues raised in the challenges, along with any new supporting documentation. If the documentation substantiates the RBHAs claim, the challenge will result in the removal of the error from the report.

Step 2: Generate and Distribute Final Reports

Responsibility: AHCCCS

After all the adjustments are complete, the final error reports are generated. The sanction amount is also calculated. (See Section 3.2.12, AHCCCS Sanction Calculation for information on the calculation.) The final reports will be forwarded to ADHS/DBHS Deputy Director.

Step 3: Forward Final Reports

Responsibility: ADHS/DBHS Deputy Director

The Deputy Director will forward the final report/sanction amounts to ADHS/DBHS OPS.

Step 4: Forward Final Reports

Responsibility: ADHS/DBHS OPS

ADHS/DBHS OPS will forward the appropriate portions of the final report/sanction amounts to each RBHA.

3.2.8 Collect Sanction Amount

ADHS/DBHS will withhold the final sanction amount from the capitation paid to the RBHA each month.

3.2.9 Submit Final Report to CMS

The final report and results are sent to CMS by AHCCCS.



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3.2.10 Strategies to Reduce Encounter Errors

Correctness Errors

A correctness error is assessed when the dates of service (DOS), CPT and HCPCS procedure codes and/or ICD9 diagnosis codes in the encounter were incorrectly coded according to the medical documentation.

Common reasons for correction errors include:

- □ Failing to include a required 4th or 5th digit on the diagnosis code
- Using general ICD9 diagnosis codes when more specific ones are appropriate
- □ Using the incorrect office visit CPT and HCPCS procedure code
- Specifying a single date of service instead of a range of service dates

To reduce the overall number of correctness errors, the provider or the RBHA should:

- Review/edit the primary ICD9 diagnosis code to determine if a 4th or 5th digit is required before submitting or paying the original claim.
- Require the office personnel responsible for coding claims to use the most detailed ICD9 code possible. The ICD9 code should also be verified based on the individual's prior history.
- □ Train the office staff to help them identify the correct office visit CPT and HCPCS procedure codes.

Timeliness Errors

Encounters that are received at AHCCCS more than 240 days after the end of the month in which the service was rendered are categorized as *timeliness errors*.

Common reasons for timeliness errors include:

- Encounters submitted late by capitated providers.
- Claims or encounters requiring multiple corrections.
- System changes that were not implemented at the Provider/RBHA in a timely fashion which resulted in claims or encounters processing delays.



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Timeliness errors are the most difficult to correct because the date the encounter was received at AHCCCS and the date of service on the claim are both readily apparent. To reduce the overall number of timeliness errors, the provider or the RBHA should:

 Provide incentives or disincentives for capitated providers to submit claims within the required time frames.

Make required system changes as quickly as possible to minimize the disruption to encounter submissions.

Omission Errors

An *error of omission* is recorded when provider documentation indicates that medical services were rendered, but an encounter was never received at AHCCCS.

Common situations that lead to omission errors include:

- Encounters that pended and were deleted at AHCCCS but were never resubmitted by the RBHA.
- Encounters that were never submitted due to RBHA, ADHS/DBHS or AHCCCS system changes that the provider, RBHA or ADHS/DBHS was not able to implement.
- Encounters that failed pre-processor or internal edits (for dates of service before August 1, 2002) at ADHS/DBHS and were never resubmitted or corrected by the RBHA.
- Encounters that were never processed at the RBHA because they did not meet the RBHA's encounter submission timeframes.
- □ Encounters that should never have been sent to AHCCCS (i.e., subvention encounters that are for non-Title XIX or XXI clients or services or by non-Title XIX registered providers) but were counted as an omission error in the data validation study.



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3.2.11 Methods for Challenging Results

The type of evidence that is required to successfully challenge an error is dependent on the type of error identified. This section describes some techniques that may be useful in challenging data validation errors.

Correctness Errors

A correctness error is assessed when the dates of service (DOS), CPT and HCPCS procedure codes and/or ICD9 diagnosis codes in the encounter were incorrectly coded according to the medical documentation. To successfully challenge correctness errors, the RBHA or the provider must:

- Submit documentation outside of the medical record supporting that the code or date on the encounter is the clinically correct code or date.
- □ Show that the ICD9 diagnosis code in question did not require a 4th or 5th digit at the time the service was provided.

Timeliness Errors

Encounters that are received at AHCCCS more than 240 days after the end of the month in which the service was rendered are categorized as *timeliness errors*. To successfully challenge timeliness errors, the RBHA or the provider must:

- Document that the encounter could not be submitted in a timely fashion at AHCCCS because of system problems at AHCCCS during the relevant timeframe.
- Show that the encounter referenced is an adjustment and that the original encounter and the adjustment were both submitted in the correct time frame.

Omission Errors

An *error of omission* is recorded when provider documentation indicates that medical services were rendered, but an encounter was never received at AHCCCS. To successfully challenge omission errors, the RBHA or the provider must document that the encounter should never have been sent to AHCCCS because:

Client was not eligible for Title XIX or XXI services



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Service was not covered by AHCCCS

□ Provider was not eligible to bill for Title XIX or Title XXI services

3.2.12 Sanction Calculation Overview

The AHCCCS sanction calculation process is a complex, multi-step process. Details regarding the AHCCCS sanction calculation process can be found in the <u>AHCCCS Encounter Data Validation Technical Document</u>, which is available on request from the Encounter Group at AHCCCS.

The ADHS/DBHS process for passing the AHCCCS Sanction on to the RBHA is as follows, ADHS/DBHS takes the total sanction dollar amount, noted in the AHCCCS Final Report, and divides it by the total number of errors from AHCCCS, this gives us the sanction amount per error. The sanction amount per error is then multiplied by the number of errors for each RBHA, bringing us to the final sanction amount per RBHA. This process is valid for both the "A" Study and the "B" Study.

The sanction amounts may be adjusted if AHCCCSA determines that encounter quality has changed, or if CMS changes sanction requirements. If the encounter quality has improved from the prior Data Validation Study contract year, then the sanction will be reduced by 50%. If the encounter quality has deteriorated from the prior Data Validation Study contract year, then the sanction amount will be increased to 125%.

3.2.13 Quarterly Data Validation Workgroup

The Data Validation Coordinator at the RBHA is expected to attend the quarterly meetings of the Data Validation Workgroup. The purpose of the meetings is to:

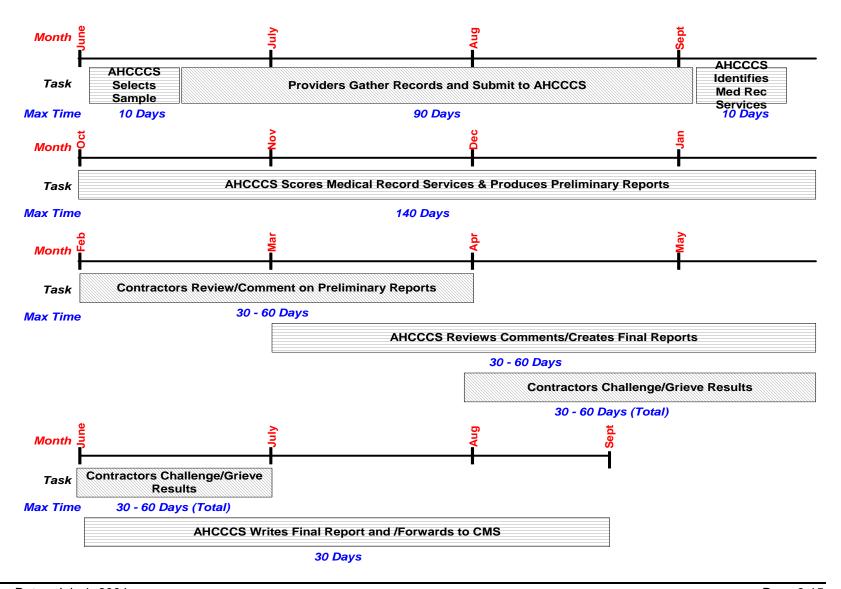
- Discuss issues discovered in the current or prior data validation studies.
- Identify changes that the RBHA can make to reduce the number of errors that are found during the AHCCCS data validation studies.
- Review the actions required by RBHA during the current phase (at the time of the meeting) of the AHCCCS data validation studies.



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Exhibit 3.2 Data Validation Cycle Timeline



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Section 4.1 Introduction

The ADHS/DBHS Corporate Compliance Officer is responsible for the prevention, detection and reporting of fraud and abuse for ADHS/DBHS. The following sections will describe the contractual requirements between AHCCCS and ADHS/DBHS, and provide a plan for how ADHS/DBHS will meet the requirements. A diagram of the responsible parties and the steps in the process is featured in Exhibit 4.1.

Section 4.2 Fraud and Abuse Investigations

4.2.1 Overview

Fraud and Abuse investigations may be initiated for various reasons. ADHS/DBHS, the T/RBHA and/or AHCCCS may be involved in resolving any fraud-related matters. The procedures for these investigations are discussed in this section.

4.2.2 Procedures

Step 1: Identify Potential Fraud and Abuse Issue

Responsibility: ADHS/DBHS

Potential instances of Fraud and Abuse may be identified through internal controls, internal research or third party referral.

ADHS/DBHS has internal controls in place such as the encounter editing system that aids in preventing inappropriate encounters from entering the system. Encounters that are accepted by ADHS/DBHS are then subjected to the AHCCCS editing process before value is applied. Since ADHS/DBHS contracts with AHCCCS to process Tribal RHBA claims on a fee for service basis, Tribal RBHA claims must pass the AHCCCS fee for service editing process before value is applied.

The ADHS/DBHS Corporate Compliance Officer utilizes database-testing functions as a prevention and detection mechanism against fraud and abuse. By conducting systems tests, the ADHS/DBHS Corporate Compliance Officer is able to analyze the effectiveness of the encounter-processing database by ensuring inappropriate encounters are not accepted. Attachment A, Titled *The ADHS/DBHS Fraud and Abuse Research Log* identifies these and other



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research projects undertaken by the ADHS/DBHS Corporate Compliance Officer.

ADHS/DBHS may uncover potential fraud and abuse by monitoring reports created to ensure providers are billing within their limitations. Internal reports also enable the Corporate Compliance Unit to identify trends or abnormalities, and serve as a provider profiling process for the unit. Attachment A, Titled *The ADHS/DBHS Fraud and Abuse Research Log* identifies fraud and abuse research projects and tests undertaken by the ADHS/DBHS Corporate Compliance Officer.

ADHS/DBHS has a Prior Authorization function that enables the division to control Tribal fee for service funds claimed for inpatient stays, level II and bed holds.

In addition to internal research a third party, such as a patient, provider, or employee, may also initiate a fraud and abuse inquiry. The ADHS/DBHS Corporate Compliance Officer will maintain a log of all cases reported by third party sources, including cases initiated internally. The ADHS/DBHS Fraud and Abuse Quarterly Status Report (Attachment B) provides statistical data and the status of cases that have been logged.

Step 2: Refer Potential Fraud and Abuse to ADHS/DBHS Responsibility: T/RBHA

In accordance with A.R.S. Section 36-2918.01, contractors (ADHS), subcontractors and providers are required to notify the Corporate Compliance Officer immediately in a written report of any cases of suspected fraud or abuse. The ADHS/DBHS Corporate Compliance Officer shall monitor the T/RBHA reporting and referral process through the annual ADHS/DBHS Administrative Review as outlined in Section 4.6.

Step 3: Perform Preliminary Research Responsibility: ADHS/DBHS

The ADHS/DBHS Corporate Compliance Officer will conduct a preliminary investigation to determine if there is sufficient basis to warrant a full investigation. If the findings of a preliminary investigation give the Corporate Compliance Officer reason to believe an incident of fraud or abuse has occurred a formal investigation will be initiated. If during the preliminary investigation, the report involves Title XIX/XXI funds, the incident is immediately reported to AHCCCS.



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Step 4: Determine Who Should Perform the Investigation Responsibility: ADHS/DBHS

The ADHS/DBHS Corporate Compliance Officer will determine who should investigate the case by first reviewing the following:

- a. For suspected cases of member fraud, the ADHS/DBHS Corporate Compliance Officer will determine if Title XIX/XXI funds are involved. If AHCCCS funds are involved, the case will be referred to the AHCCCS Office of Program Integrity for investigation within 10 days of the reported incident. If the recipient is not an enrolled member with AHCCCS and does not involve Title XIX/XXI funds, the case will be referred to the appropriate T/RBHA for investigation unless the T/RBHA is included in the allegation or mentioned in the complaint, in which case the reported incident will be investigated internally by the ADHS/DBHS Corporate Compliance Officer.
- b. For suspected cases of provider fraud, the ADHS/DBHS Corporate Compliance Officer will determine if the provider is an AHCCCS registered provider or ADHS/DBHS only. If the provider is registered with AHCCCS at the time of the alleged fraud, the case will be referred to AHCCCS Office of Program Integrity within 10 days of the reported incident. If the provider is an ADHS/DBHS only provider the case will be referred to the appropriate T/RBHA for investigation, unless the T/RBHA is included in the allegation or mentioned in the complaint, in which case the reported incident will be investigated internally by the ADHS/DBHS Corporate Compliance Officer.

Step 5: Notify Investigative Party of Potential Fraud and Abuse Responsibility: ADHS/DBHS

When a case is referred to AHCCCS or the T/RBHA, the ADHS/DBHS Corporate Compliance Officer must notify the intended investigative party in writing.

Step 6: Accept Responsibility for Investigation Responsibility: AHCCCS

When a case is referred to AHCCCS for investigation, they will determine if the case involves AHCCCS funds. Once it is determined that AHCCCS funds are involved, the Office of Program Integrity will notify AHDS/DBHS with an Acknowledgement Letter of their intent to investigate the allegations. The



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Acknowledgement Letter will include a case number, the assigned investigator and the investigator's phone number. AHCCCS may enlist the aid of ADHS/DBHS Corporate Compliance Officer or the appropriate T/RBHA in their investigation.

If it is determined that AHCCCS funds are not involved, then the case will be returned to the Corporate Compliance Officer at ADHS/DBHS for further action.

Step 7: Investigate Potential Fraud and Abuse Responsibility: ADHS/DBHS, AHCCCS or T/RBHA

An investigation of the reported incident shall be conducted to determine if fraud and abuse did occur. During the investigation, the provider or recipient must:

- Allow access to, or copies of all pertinent documents
- Allow access to, any data stored electronically and in the form specified by the investigator

For each investigation of suspected fraud and abuse, the following must be kept with the file:

- Provider name and number
- Source of complaint
- Provider type
- Monies involved
- Disposition of investigation

Step 8: Case Referral Follow Up Responsibility: ADHS/DBHS

The ADHS/DBHS Corporate Compliance Officer will follow up with cases referred to AHCCCS or T/RBHA monthly through e-mail. A copy of the e-mails and responses will be kept in the case file. The ADHS/DBHS Corporate Compliance Officer will inform all involved parties on the status of any open or active cases on a monthly basis.

Step 9: Create Written Report Containing Results of Investigation Responsibility: ADHS/DBHS, AHCCCS or T/RBHA



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The investigation process culminates with a written report. The report should detail the investigation process, the results of the investigation and any required follow-up. Specifically, the report should:

- a. Describe how the case was investigated (e.g., internal research/reports, interview with patients or providers, etc.).
- b. Explain the final result of the investigation (e.g., fraud identified, no violation occurred or any other issues).
- c. Identify what follow-up actions, if any should be taken by the investigative party. (e.g., no action, recoupment of payments from the provider, termination of provider contract, reporting provider to appropriate licensing/review board, legal actions against member, civil and prosecutable actions, etc.).

The ADHS/DBHS Corporate Compliance Officer may refer cases to the Attorney General's Office (AGO) if funds were unable to be recouped and/or if the intent to commit fraud was proven through investigation. If the case is not referred to the AGO, it will be closed when all follow up actions are complete.

Section 4.3 Corporate Compliance Training

The Corporate Compliance Officer shall provide to all new ADHS/DBHS employees corporate compliance training during the New Employee Orientation. Additionally, The ADHS/DBHS Corporate Compliance Officer will ensure that all internal staff receives corporate compliance training.

Section 4.4 Quarterly Corporate Compliance Workgroup

The ADHS/DBHS Corporate Compliance Officer will organize quarterly workshops for the T/RBHA Corporate Compliance Officers to attend. The workshops are designed to:

- a. Discuss fraud and abuse issues arising during the previous quarter.
- b. Examine new/emerging fraud and abuse related subjects.
- c. Identify fraud and abuse issues that are occurring across multiple T/RBHAs.
- d. Discuss and develop methods the T/RBHAs can use to detect and reduce specific types of fraud and abuse.



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In addition, these workshops provide a forum for collaborative efforts to develop and provide T/RBHA staff and providers Corporate Compliance training.

Section 4.5 Administrative Reviews

A review of T/RBHA Corporate Compliance Programs shall be conducted annually as part of the ADHS Administrative Review Process. Areas of review include:

- a. Internal controls for adequate prevention and detection of provider and member fraud and abuse.
- b. Methods available to report fraud and abuse.
- c. Reporting process from member/provider to T/RBHA.
- d. Reporting process from T/RBHA to ADHS.
- e. Provider education of fraud and abuse and how to report.
- f. Member education of fraud and abuse and how to report.
- g. Corporate Compliance Officers roles and responsibilities.
- h. Who the Corporate Compliance Officer reports to.

ADHS/DBHS will initiate a Corrective Action Plan for areas that do not meet standards identified in the Administrative Review Tool.



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Chapter 5. Other Procedures

Section 5.1 Introduction

This chapter examines several other procedures that cannot be classified elsewhere. These procedures include:

- System Login ID Requests
- CIS System Change Notifications

Section 5.2 System Login ID Request for ADHS/DBHS CIS and AHCCCS PMMIS

This section identifies the procedures for obtaining access to these systems.

5.2.1 CIS Login ID Request Process

Some (T)RBHA employees will need access to CIS to perform their job duties. The procedures to obtain a CIS ID are described in this section.

Step 1: Obtain and Complete Forms Responsibility: (T)RBHA Employee

Two forms must be completed to request a user ID:

- ADHS Computer User Registration Request Form
- □ ADHS User Affirmation Statement

These forms are included in Appendix L, Other Procedures Forms, as Appendix L.1 and L.2 respectively. The (T)RBHA should have these forms on file. Additional copies can be obtained from the ADHS/DBHS Corporate Compliance Officer.

The employee requesting the login ID must complete *and sign* both the User Access Request Form and the User Affirmation Statement.

Step 2: Obtain Supervisor Sign-off on Forms

Responsibility: RBHA Employee

The (T)RBHA employee's supervisor must sign the two login request forms.



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Step 3: Forward Forms to ADHS/DBHS

Responsibility: RBHA

The (T)RBHA should fax both signed forms to the ADHS/DBHS Corporate Compliance Officer. The ADHS/DBHS fax number is (602) 553-9023.

Step 4: Verify User Access is Required

Responsibility: ADHS/DBHS OPS

The ADHS/DBHS Corporate Compliance Officer will review the forms to ensure CIS access is required. Once the need for the access is verified, the ADHS/DBHS Corporate Compliance Officer will sign the Computer User Registration Request Form.

Step 5: Take Action on Request Responsibility: ADHS/DBHS OPS

If ADHS/DBHS does not approve the request, the Corporate Compliance Officer returns the forms to the (T)RBHA. A CIS login ID will not be created if the ADHS/DBHS Corporate Compliance Officer does not approve the request.

If the request is approved by ADHS/DBHS, it is forwarded to ADHS ITS.

Step 6: Assign Login ID and Password

Responsibility: ADHS/DBHS ITS

ADHS/DBHS ITS will assign an appropriate login ID and password for the new user.

Step 7: Notify ADHS/DBHS of User Login ID

Responsibility: ADHS/DBHS ITS

ADHS ITS will notify the ADHS/DBHS OPS Corporate Compliance Officer of the new login ID and password.

Step 8: Notify (T)RBHA of User Login ID

Responsibility: ADHS/DBHS OPS

ADHS/DBHS OPS will call the (T)RBHA staff member to convey the new login ID and password.

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5.2.2 AHCCCS PMMIS Login ID Request Process

New (T)RBHA personnel may require access to PMMIS in order to complete their job duties. The following steps outline the process to request and obtain an AHCCCS Login ID.

Step 1: Obtain and Complete Forms Responsibility: (T)RBHA Employee

Two forms must be completed to request a user ID:

AHCCCS User Access Request Form

□ AHCCCS User Affirmation Statement

These forms are included in Appendix L, Other Procedures Forms, as Appendix L.3 and L.4 respectively. The (T)RBHA should have these forms on file. Additional copies can be obtained from the ADHS/DBHS Corporate Compliance Officer.

The employee requesting the login ID must complete *and sign* the User Affirmation Statement.

Step 2: Obtain Supervisor Sign-Off on Forms

Responsibility: (T)RBHA Employee

The (T)RBHA employee's supervisor must sign the two login request forms:

Step 3: Forward Forms to ADHS/DBHS OPS

Responsibility: RBHA

The RBHA should fax both signed forms to the ADHS/DBHS OPS Corporate Compliance Officer. The ADHS/DBHS fax number is (602) 553-9023.

Step 4: Verify User Access is Required

Responsibility: ADHS/DBHS OPS

The ADHS/DBHS OPS Corporate Compliance Officer reviews the forms to ensure AHCCCS PMMIS access is required.



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Step 5: Take Action on Request Responsibility: ADHS/DBHS OPS

If ADHS/DBHS OPS does not approve the request, the Corporate Compliance Officer returns the forms to the (T)RBHA. An AHCCCS login ID will not be created if the ADHS/DBHS OPS Corporate Compliance Officer does not approve the request.

If the request is approved by ADHS/DBHS, it is forwarded to AHCCCS.

Step 6: Assign Login ID and Password

Responsibility: AHCCCS

AHCCCS will assign an appropriate login ID and password for the new user.

Step 7: Notify ADHS/DBHS OPS of User Login ID

Responsibility: AHCCCS

AHCCCS will notify the ADHS/DBHS OPS Corporate Compliance Officer of the new login ID and password.

Step 8: Notify (T)RBHA of User Login ID

Responsibility: ADHS/DBHS OPS

ADHS/DBHS OPS will call the (T)RBHA staff member to convey the new login ID and password.

Section 5.3 CIS System Change Notification Procedures

5.3.1 Methods of Notification

ADHS/DBHS will notify the (T)RBHA of potential or actual system changes at ADHS/DBHS by several methods. These methods include:

- □ ADHS/DBHS' *Encounter Tidbits* monthly newsletter
- Monthly ITS or quarterly Joint ITS/CFO meeting
- □ E-mail from Encounter Supervisor and/or the RBHA's Technical Assistant

When system changes are made, the (T)RBHA is responsible for making any necessary changes to its system to produce encounters that meet the new requirements.



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5.3.2 Status of ADHS/DBHS System Service Requests

ADHS/DBHS provides information on the status of System Service Requests (SSRs) that ADHS/DBHS is developing or is about to implement. ADHS/DBHS notifies the (T)RBHA of an SSR's status on four separate occasions as shown below.

Status	Description	Time to Implementation
In Discussion	OPS personnel determine if the proposed change is both necessary and feasible.	6 to 12 months
Change Requested	OPS personnel have written the SSR and given it to ADHS ITS for coding.	4 to 6 months
In Testing	ADHS ITS personnel have finished coding the changes and OPS personnel are doing user acceptance testing.	1 to 3 months
Promoted	Promoted into production.	Immediate

The "times to implementation" listed above are approximate. The Encounter Supervisor or the RBHA's Technical Assistant will notify the RBHA if the time frame for the proposed change is expected to vary significantly from the times listed above.

Section 5.4 AHCCCS System Change Notification Procedures

5.4.1 Methods of Notification

AHCCCS system changes are generally noted in the *Encounter Keys* newsletter. Contact the ADHS/DBHS OPS Technical Assistant with any questions about upcoming AHCCCS system changes.